

July 2, 2003
Montana Medicaid Notice
DME Providers

Electric Breast Pump Requirements

The use of an **electric** breast pump is considered **medically appropriate** if at least **one** of the following criteria is met:

- A pre-term infant of less than 37 weeks or less gestation
- Infant with feeding difficulties due to neurological or physical conditions which impairs adequate suckling
- Illness of mother and/or infant that results in their separation
- Mother is on medication that compromises milk supply

Electric breast pump rental is limited for two months. Reimbursement includes all supplies, maintenance, repair, components, adjustments and services related to the pump. Reimbursement may not be provided through the infant's eligibility for Medicaid.

The HCPCS code for an electric breast pump is E0603 – Breast pump, electric (AC and/or DC), any type

Documentation includes an original order and a statement of medical necessity indicating the conditions justifying the need of the electric breast pump. The statement must be signed and dated by the patient's attending physician. Documentation must be kept on file by the supplier of the electric breast pump.

Contact Information

For more information, visit the Provider Information website:

<http://www.mtmedicaid.org>

For claims questions or additional information, contact Provider Relations:

Provider Relations in Helena and out-of-state: (406) 442-1837

In-state toll-free: 1-800-624-3958